

## **ACTIVE CARE ATLANTA**

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## MASSAGE INTAKE FORM

Name	Birth Date	Age	□ Male □ Female
Phone (Cell) #	Occupation		
Address	City, State & Zip		
Email			
Emergency Contact	Relation	Phone #	
1. Have you had massage therapy before? ☐ More than 20 times ☐ 5 -20 times ☐ Less than 5 times ☐ Never			
2. If Yes, When was your last massage? approx			
3. On diagram, indicate the area(s) of		) ABA	0 90
O tenderness or pain	<u> </u>		
X tightness			12/2
4. If you have pain today, is it due to	÷1 ),	1 1 1	
□ injury or □ everyday wear/tear? / ) . ( - \			
5. What type of pressure are			11
you comfortable with?	1 1 4 5 1 +	-177 (-1	1
□Light □Medium □Deep	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
6. Do you have any of the	101	-(	
following TODAY?	$(\mathbf{R}^{*})$	1.1	6
□ Skin Rash □ Cold/Flu \	1/ \1	1 1000	
□ Open Cuts □ Bruises	كالك كالم	Fresnik for 13	
☐ Anything Contagious			
7. What are your goals/expectations for this therapy session?			
8. List all surgeries you have had in the past			
9. Please mark the box next to each medical condition which applies to you			
□Allergy □Arthritis □Blood Clots □ Cancer □ Depression, panic disorder □ Diabetes			
☐ Fracture/Dislocations ☐ Headache ☐ Heart Condition ☐ High Blood Pressure ☐ Muscle Strain/Sprain			
□ Pregnancy □ Scoliosis □ Stroke □ TMJ disorder □ Others			
How did you find us? ☐ I am an existing pation	ent □ Friend/Family		Other

Please read the following information and acknowledge by signing below:

- 1. Although massage is therapeutic, it is not a substitute for medical examination, diagnosis and treatment.
- 2. Any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
- 3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
- 4. Cancellation fee is \$30 for a missed appointment without letting us know (via phone/email)4 hrs before appointment.

Signature Date \_